Texas Department of Insurance
Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor Name and Address: SOUTHWEST CENTER MEDICAL 7125 MARVIN D LOVE #107 DALLAS TX 75203	MFDR Tracking #: M4-09-6936-01
	DWC Claim #:
	Injured Employee:
	Date of Injury:
Respondent Name and Box #: CITY OF DALLAS Box #: 42	Employer Name:
	Insurance Carrier #:

PART II: REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Carrier denied initial billing stating '16-cliam/service lacks information…needed for adjudication'. Provider responded to their request for reconsideration stating all information required to process the claim was submitted initially, and carrier failed to specifically address what they felt was missing. Carrier responded to reconsideration stating the claim was not timely filed."

Amount in Dispute: $564.20

PART III: RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Carrier has denied the amount in dispute due to untimely filing. The attached EOBs show that payment has been denied on reconsideration due to late filing after a request for additional information… Requestor billed for services performed in July 2008. City of Dallas received said billing on August 1, 2008. However, in response to the billing submitted, the City asked for medical reports or office notes pertaining to the services performed. This request was received by the Requestor on August 22, 2008. The Requestor did not submit the medical reports and office notes until October 30, 2008."

PART IV: SUMMARY OF FINDINGS

Dates of Service	Disputed Services	MAR	Amount in Dispute	Amount Due
7/16/2008	97032 (2)	$44.24	$44.24	$44.24
7/16/2008	97110-59 (2)	$76.56	$76.58	$76.56
7/16/2008	97530-59 (3)	$121.38	$121.38	$121.38
7/16/2008	97112	$39.90	$39.90	$39.90
7/17/2008	97032 (2)	$44.24	$44.24	$44.24
7/17/2008	97112	$39.90	$39.90	$39.90
7/17/2008	97110-59 (2)	$76.56	$76.58	$76.56
7/17/2008	97530-59 (3)	$121.38	$121.38	$121.38
			Total Due:	$564.16

PART V: FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. Tex. Lab. Code, §408.027 sets out the procedure for payment of a healthcare provider.
2. 28 Tex. Admin. Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.

3. 28 Tex. Admin. Code §133.20 sets out the procedures for health care providers to submit workers' compensation medical bills for reimbursement.
4. 28 Tex. Admin. Code §133.210 sets out the general rules for medical documentation.
5. 28 Tex. Admin. Code §102.4 sets out the general rules for non-commission communications.
6. The services in dispute were reduced/denied by the respondent with the following reason codes:

   Explanation of benefits dated 8/13/2008

   - 16-Claim/service lacks information which is needed for adjudication. In order to appropriately review the submitted date of service, the report/medical record or office notes are requested.

   Explanation of benefits dated 12/3/2008

   - 29-The time limit for filing has expired

Issues

1. Did the requestor submit the medical bill for the services in dispute timely and in accordance with Tex. Lab. Code §408.027 and 28 Tex. Admin. Code 28 §133.20?
2. Is the requestor entitled to reimbursement?

Findings

1. Pursuant to Tex. Lab. Code, §408.027 (a) Payment of Health Care Provider. A health care provider shall submit a claim for payment to the insurance carrier not later than the 95th day after the date on which the health care services are provided to the injured employee. Failure by the health care provider to timely submit a claim for payment constitutes a forfeiture of the provider's right to reimbursement for that claim for payment. Additionally, Division rule 28 Tex. Admin. Code §133.20(b) states, "except as provided in Labor Code §408.027(b), (c) or (d), a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided.
2. Pursuant to rule §102.4 (h)(1)(2), unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on: the date received if sent by fax, personal delivery or electronic transmission or, the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the data deemed sent shall be the next previous day which is not a Sunday or legal holiday.
3. Rule §133.210 (c)(1-5), identifies the services that shall include supporting documentation. The disputed charges are categorized as physical therapy services. Physical therapy services is not listed in rule §133.210 (c)(1-5).
4. Pursuant to rule §133.210 (d)(1-7) (d) Any request by the insurance carrier for additional documentation to process a medical bill shall: (1) be in writing; (2) be specific to the bill or the bill's related episode of care; (3) describe with specificity the clinical and other information to be included in the response; (4) be relevant and necessary for the resolution of the bill; (5) be for information that is contained in or in the process of being incorporated into the injured employee's medical or billing record maintained by the health care provider; (6) indicate the specific reason for which the insurance carrier is requesting the information; and (7) include a copy of the medical bill for which the insurance carrier is requesting the additional documentation.
5. The requestor submitted the disputed dates of service of 7/16/2008 and 7/17/2008 to the insurance carrier within the 95 days as allowed by Tex. Lab. Code §408.027 and as reflected by the EOB dated 8/13/2008. The carrier requested additional documentation to process the medical bill as allowed by rule §133.210 (d)(1-7). Rule §133.210 (d)(1-7) outlines the requirements for the insurance carrier to request additional documentation to process a medical bill.
6. The insurance carrier indicates in the position statement that due to the untimely submission of the medical documentation as prescribed by rule §133.210 (h) the second bill audited by the insurance carrier on 12/3/2008 was submitted over the 95th day and therefore constitutes a forfeiture of the provider's right to reimbursement for that claim for payment pursuant to rule §133.210 (d)(1-7).
7. Pursuant to rule §133.210 (h) not later than the 15th day after receipt of a request for additional medical documentation, a health care provider shall submit to the insurance carrier: (1) any requested additional medical documentation related to the charges for health care rendered; or (2) a notice the health care provider does not possess requested medical documentation. Pursuant to rule §133.240 (a) An insurance carrier shall take final action after conducting bill review on a complete medical bill, or determine to audit the medical bill in accordance with §133.230 of this chapter (relating to Insurance Carrier Audit of a Medical Bill), not later than the 45th day after the date the insurance carrier received a complete medical bill. An insurance carrier's deadline to make or deny payment on a bill is not extended as a result of a pending request for additional documentation.
8. The division concludes that the requestor submitted the initial bill timely and within 95 days pursuant to Tex. Lab. Code, §408.027 (a).
9. The MFDR section ran edits to determine if edit conflicts exists for the CPT codes billed on July 16 and 17, 2008. No edit conflicts were found, therefore, the requestor is entitled to reimbursement of the disputed charges.

Conclusion

For the reasons stated above, the division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is $564.16.

PART VI: ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to reimbursement for the services involved in this dispute. The Division hereby **ORDERS** the respondent to remit to the requestor the amount of $564.16 plus applicable accrued interest per Division rule at 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature	Medical Fee Dispute Resolution Officer	Date
	Margaret Q. Ojeda	February 2, 2011

PART VII: YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division rule at 28 Texas Administrative Code §148.3(c).

Under Texas Labor Code Section 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 rules if the total amount sought does not exceed $2,000. If the total amount sought exceeds $2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code Section 413.031.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.